

Are Your CPOE Entries REALLY Meaningful Use Compliant?

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Since President Obama and Congress signed the American Recovery and Reinvestment Act, or ARRA, healthcare providers have been challenged in understanding what constitutes meaningful use and why ePrescribing or providing a patient a summary of their visit is important. In exchange for adopting a certified electronic record and demonstrating use of the system in a meaningful way, the federal government will pay each provider up to \$18,000 depending on the year that the provider met meaningful use. Failure to meet meaningful use by the end of 2014 will result in payment cuts beginning January 1, 2015. The payment cut is 1% per year and is cumulative for every year that an eligible professional is not a meaningful user. Based on articles published in a number of industry publications it appears that providers are getting the message that adopting an electronic health record is the best option and most have already moved forward with a rollout of an EMR or they are in the final planning stages. This is great news.

However, one very important note is that compliance is in the details. According to the rule, a provider must hit a specific percentage of orders through CPOE, "Computerized provider order entry." The key word in this phrase is provider and under the program only entries made by a licensed professional would be counted towards compliance. The American Medical Association along with other professional societies argued that it was not uncommon for medical assistants and other staff to enter this information into the computer at the provider's direction. August 23, 2012, the program issued an update to the entry requirement allowing entries made by "credentialed medical assistants" to count towards the provider's compliance. The August 23rd publication was very specific in terms of what the program would consider as a credentialed medical assistant. According to CMS the credential must meet the following:

Credentialing must come from an organization other than the organization employing the medical assistant. It is not uncommon for providers to hire individuals and train them to operate as a medical assistant. While these individuals can still perform functions for the practice, they cannot enter orders into the EMR and have those orders count towards certification. It is important to look at the intent of CMS for the credentialing, and it infers that CMS expects the medical assistant to have completed an examination to demonstrate their knowledge.

It is very important to understand that you do not need to terminate all your medical assistants that are not credentialed, but you do need to be careful that only credentialed medical assistants are entering orders into the electronic record. Also very important for you to understand is how your EMR is generating reports showing compliance with the CPOE requirement for meaningful use. If you have non-credentialed medical assistants entering orders, you need to make sure the reporting will count these individuals as non-credentialed and the entries made by these individuals will not count towards compliance. I know many EMR's do not have this ability, so if you have non-credentialed medical assistants entering orders, you may be in a situation where you have to manually pull out these entries from the system generated report. For additional information regarding credentialed medical assistants see CMS frequently asked questions:

<https://questions.cms.gov/>.

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